



Amount must be \$500 or less, see Honorarium Guidelines.

Please allow up to two (2) weeks for processing. Incorrect or missing information may delay processing. Send the completed form to Accounts Payable (acctspayable@ufv.ca)

Cheque Informati	ion				
Date Cheque Reques	ted		Date Cheque Requi	red	
Cheque Payable To (ւ	.egal Name)				
Banner ID			Current UFV Employe	ee? Y	es No
Home Address					
City		Prov	vince	Postal	Code
Social Insurance Nur	mber*				
_		the University to report on a tax slip a			-
_	olumbia). I	nal information is collected under the a t will be used for the sole purpose of is ufv.ca.			
Department		Budg	get Code	Amount	:
Payment Informa	tion				
Date(s) of Service					
`,					
Reason for Honorario	um				
Mailing Instructions					
(if different from above)					
Authorization					
	Name	Sig	nature		Date
Requestor					
Signing Authority					